

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**REPORT OF SHIPMENT RECEIVED OVER, SHORT AND/OR DAMAGED****SEE INSTRUCTIONS ON REVERSE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. the valid OMB control number for this information collection is 0584-0293. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**SECTION A - SHIPMENT IDENTIFICATION AND UNLOADING INFORMATION**

|  |                          |  |  |
|--|--------------------------|--|--|
| 1. NAME OF COMMODITY                   | 2. TYPE OF PACK          | 3. CONTRACT NO.  | 4. DESTINATION CITY AND STATE                            |
| 5. DELIVERY ORDER NO.                  | 6. NOTICE TO DELIVER NO. | 7. METHOD OF DELIVERY<br><input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> PIGGYBACK | 8. RR CAR, TRUCK, OR PIG NO.                             |
| 9. UNLOADED<br>STARTED (Date and Time) |                          |  | 10. OCEAN BILL OF LADING NO.<br>(Overseas Shipment Only) |
| COMPLETED (Date and Time)              |                          |  |  |

**SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE**

|  |   |   |  |  |                  |
|--|---|---|--|--|------------------|
| 11. QUANTITY   |   |   |  |  |                  |
| A. REPORTED SHIPPED  | B. AMOUNT RECEIVED IN GOOD CONDITION  | C. OVER   | D. SHORT   | E. DAMAGED   | F. HIDDEN DAMAGE |
| 12A. DAMAGE/OVERAGE/SHORTAGE<br>WHEN DISCOVERED  |   | 12B. HOW DISCOVERED   |  | 13. CARRIER'S AGENT PRESENT DURING UNLOADING             |                  |
| <input type="checkbox"/> BEFORE UNLOADING <input type="checkbox"/> DURING UNLOADING <input type="checkbox"/> AFTER UNLOADING |   | <input type="checkbox"/> UNLOADING TALLY <input type="checkbox"/> PHYSICAL RECOUNT <input type="checkbox"/> OTHER |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |                  |
| 14. DOOR SEAL NUMBERS  |   |   |  |  |                  |
| A. INBOUND NUMBERS AND CONDITION OF SEALS  |   |   | B. OUTBOUND SEAL NUMBERS (If Applicable)   |  |                  |
| 15. CARRIER'S AGENT NOTIFICATION   |   |   | 16. DID CARRIER'S AGENT RESPOND TO NOTIFICATION?                                 |  |                  |
| A. NAME OF AGENT   | C. HOW NOTIFIED   |   | <input type="checkbox"/> YES (In what way) <input type="checkbox"/> NO (Explain) |  |                  |
| B. DATE NOTIFIED   | <input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX<br><input type="checkbox"/> TELEPHONE <input type="checkbox"/> E-MAIL |   |  |  |                  |
| 17. COMPLETE IF APPLICABLE   |   |   |  |  |                  |
| A. WAS MECHANICAL REFRIGERATION, EQUIPMENT OPERATING   |   |   | B. TEMPERATURE OF REFRIGERATION UNIT/INTERIOR TEMP/COMMODITY                     |  |                  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |   |   |  |  |                  |

**CONSIGNEE CERTIFICATION****I CERTIFY the information and statements above are, to the best of my knowledge and belief, true and correct.**

|      |  |
|------|--|
| DATE | SIGNATURE OF CONSIGNEE OR REPRESENTATIVE |
|------|--|

**CARRIER CERTIFICATION****Receipt of a copy of this report is hereby acknowledged and the facts contained herein are verified.**

|  |                             |
|--|-----------------------------|
| SIGNATURE OF CARRIER'S AGENT   | NAME AND ADDRESS OF CARRIER |
| DATE   | CARRIER REMARKS             |
| REMARKS (IF DAMAGED, PLEASE INDICATE NATURE AND DISPOSITION OF THE DAMAGE) |                             |

## INSTRUCTIONS

This report is to be prepared whenever a shipment is received over, short, and/or damaged.

### SECTION A - SHIPMENT IDENTIFICATION/ UNLOADING INFORMATION

This section will be completed at all times to identify the shipment being reported as over, short and/or damaged.

#### ITEM

1. Self-explanatory.
2. Show type of pack, such as case 6/10's, case 12/No. 3 cylinders, 50# bag, etc.
3. Self-explanatory.
4. Self-explanatory.
5. Record Delivery Order No including Commodity Code.
6. Record the Notice to Deliver No. shown in the space marked "N/D No." in the upper right on the KCCO 269A.
7. Check applicable box.
8. Record railroad car number, truck, or piggyback number.
9. Record date and time unloading started, and date and time unloading was completed.
- When applicable, record the ocean bill of lading number, (For Overseas Shipments ONLY)

### SECTION B - OVERAGE, SHORTAGE, AND/OR DAMAGE

When a shipment is received over, short, and/or damaged, items 11 through 16 should be completed.

- 11A. Record the number of units shown on the (KCCO) 269A, Forwarding Notice.
- 11B. Record the number of units received.
- 11C. Record the number of units received over the quantity reported shipped on the 279A.
- 11D. Record the number of units received short of the quantity reported shipped on the 269A.

- 11E. Record the number of units received damaged of the quantity reported shipped on the 269A.
- 11F. Record the number of units received damaged of the quantity reported shipped on the 269A after unloading.
- 12A. Check applicable box.
- 12B. Show the information that will establish proof that the shipment was actually over, short, and/or damaged.
13. Check applicable box to show whether or not carrier's agent was present from time car or truck was opened until unloading was completed.
- 14A. Record the inbound seal numbers on all doors and the condition of the seals. If shipment was made and not sealed, show "no seals."
- 14B. If applicable, intermediate consignees on split shipments shall record the seal numbers placed on all doors.
- 15A,B, C. Complete all three items.
16. If the "yes" box is checked, explain how the agent responded (for example: made personal inspection; advised that they would not be available; advised consignee's inspection would suffice, etc.)  
  
If the carrier's agent did not respond, explain why (for example: no agent available; refused to inspect; did not acknowledge, etc.)
- 17A. Check applicable boxes.
- 17B. Record the temperature of the refrigeration unit located on the outside of the trailer, interior temp/ commodity.

### CONSIGNEE'S CERTIFICATION

Self-explanatory.

### CARRIER'S CERTIFICATION

Request that the carrier's agent complete these items, if the agent refuses, and if available, request a copy of the carrier's S&D report. If the carrier does not have a report make the following notation "Agent (insert name of driver) of (insert name of carrier) did not agree with this report. The reason for the dispute is (give brief explanation). A copy of the report was given to him/her on (insert date)." If the carrier's signature cannot be obtained within 10 days or if the carrier is not available, make the following notation "carrier did not respond" or carrier is not available."

**NOTE:** Only one form needs to be completed for a consolidation shipment. Make sure all overages, shortages and damages are fully explained. If necessary please attach a separate sheet. Item 6 - please list the consolidation number rather than the ND.

Exhibit F (continued)